

APPLICATION FOR STREET PERMIT

1. Name/Address of Applicant _____

2. Phone/Fax/E-Mail Address _____

(Phone) (Fax) (E-Mail Address)

3. Reason for Street Cut _____

4. Is excavation (removal of surface and sub-surface materials) required Yes No (circle)
If so please explain _____

5. Size of street cut and excavation length _____, width _____, depth _____

6. Name/Address of firm or person performing the cut and excavation _____

7. Phone/Fax/E-Mail Address _____

(Phone) (Fax) (E-Mail Address)

8. Name and title of representative in charge of cut and work _____

(Name)

(Title)

9. Date of commencement of work _____

10. Date or anticipated date of completion of work _____

11. Name/Address of firm or person performing street reclamation _____

12. Phone/Fax/E-Mail Address _____

(Phone) (Fax) (E-Mail Address)

13. Name and title of representative in charge _____

(Name)

(Title)

14. Describe method of reclamation _____

15. \$25.00 permit fee submitted Yes No (circle)

16. Plat map or scaled drawing submitted Yes No (circle)

17. Cash Bond Yes No (circle) 18. Performance Bond Yes No (circle)

19. Applicant is
Individual ___ Firm ___ Corporation ___ Association ___ Partnership ___ Public Utility ___

20. Applicant, by signing below, in consideration for the issuance of a street cut permit, agrees to hold harmless and indemnify the City of Brazil, its officers, employees, agents and representatives against any and all damages and claim for damages which may be asserted against said City, etc. by reason of or arising out of the street cut or excavation and any work done as a result thereof for which a permit has been issued.

(Date) _____
(Applicant)

Approved _____
(Street Supervisor) _____
(City Clerk)

Permit # _____ Date Issued _____ Permit Denied _____ Reason _____